Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2015]	11/30/2015

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	8.73	10			Weekdays	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.59	6.59	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	352		*****	11.7	17.5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4157.82	****		****	221.5	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.56	****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	0	0				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	100.7	100.7		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

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AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	2633.44	****		*****	130.75	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	6.91	8.01				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	7.95	7.95				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	.3	.3				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	2.82	2.82				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	0	0				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	er penalty of law that this of supervision in accordance roperly gather and evaluate resons who manage the systion, the information submi	with a system designed to the information submitte tem, or those persons dire	assure that qualified d. Based on my inquir ctly responsible for g	ry of the athering				TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.415	3.758		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.97	4.83		*****	.09	.24				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

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Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2015]	12/31/2015

DMR Mailing ZIP CODE:

MINOR \$

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	7.2	9.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	9.68	10.18	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	102		*****	7.5	11.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2309	****		*****	173	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	****	****	6.93	****	7.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	83.8	83.8				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	75	45		*****	5	5				
00530 1 0	PERMIT	500	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	DRII	NG PERIOD MM/DD/YYYY

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	3002	****		*****	225	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	9.194	20.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	7.54	7.54				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	2.02	2.02				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	.8	.8				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	101	101				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	.772	.772				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	er penalty of law that this of supervision in accordance roperly gather and evaluate resons who manage the systion, the information submi	with a system designed to the information submitte tem, or those persons dire	assure that qualified d. Based on my inquir ctly responsible for g	ry of the athering				TEL	EPHONE	DATE

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.9		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	4.25		*****	.1	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	*****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.54	9.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	7.47	9.46	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	200		****	8.57	13.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4773.8	****		*****	238.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
DH -	SAMPLE MEASUREMENT	****	****	****	6.88	****	7.19				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	NODI 9	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87	108		*****	< 5	< 5				
00530 1 0	PERMIT	500	751	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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SHEPARDS RD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	11172	*****		*****	558	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	7.89	9.93				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	9.03	9.03				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	.457	.457				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	****	1.88	1.88				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI 9	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	/E OFFICED Leertify und	der penalty of law that this	document and all attachme	ents were prepared ur	der my				TELL	EPHONE T	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER	DISCHARGE NUMBER	
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2016	1	01/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	3.1		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	1.95		*****	.07	.13				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2016]	02/29/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	8.2	9.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	12.97	13.04	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	182.9	143.1		*****	12.07	13.2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2274.8	****		*****	209.8	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.5	****	7.86				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	75.7	75.7				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	109.9	180.1		*****	7.75	9				
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5166.2	*****		*****	476.5	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	5.42	6.42				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	7.94	7.94				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.274	.274				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.54	1.54				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	45.4	45.4				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	****	****	0	0				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

ID0022799	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2016	02/29/2016							

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	2.6	8				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	3.2		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	3.8		*****	.12	.24				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	91	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2016]	03/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	9.8	11.2					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	11.75	12.18	****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	169.5	258.54		*****	10.7	12.4					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4310	****		*****	215.36	****					
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24	
рН	SAMPLE MEASUREMENT	****	****	****	7.01	****	8.22					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB	
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	NODI 9	NODI 9					
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	116.46	258.54		*****	7.35	12.4					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SAMPLE

SHEPARDS RD

PARAMETER

Solids, total suspended

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

ST. MARIES, ID 83861

Γ	ID0022799		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONTIC	RIIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2016	1	03/31/2016				

VALUE

DMR Mailing ZIP CODE: 83861

MINOR \$

NO

EX

(SUBR 01)

QUALITY OR CONCENTRATION

VALUE

VALUE

574

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

·	MEASUREMENT									
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	2.5	4.05			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	5.89	5.89			
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	1.62	1.62			
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	.96	.96			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI 9	NODI 9			
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	.576	.576			
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel programmer person or pe	er penalty of law that this of supervision in accordance we operly gather and evaluate rsons who manage the syst ion, the information submi	with a system designed to the information submitt tem, or those persons dir tted is, to the best of my	o assure that qualified ed. Based on my inquir ectly responsible for ga knowledge and belief,	y of the athering true.	TURE OF PRINCIPAL	EVECUTIVE OFFICE	SED OD	TELEPHONE	DATE
TYPED OR PRINTED		d complete. I am aware that including the possibility of			alse SIGNA	AUTHORIZE			AREA Code NUMBER	MM/DD/YYYY

UNITS

QUANTITY OR LOADING

VALUE

VALUE

11489.18

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

ID002279	9		001-A					
PERMIT NUM	BER		DISCHARGE NUMBER					
	MONITORING PERIOD							
MM/DD/Y	YYY	[MM/DD/YYYY					
03/01/20)16	ſ	03/31/2016					

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	3	13				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.935	3.536		*****	****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	2.21		*****	.09	.14				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

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FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

ST. MARIES, ID 83861

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_	•		
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2016]	04/30/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	14.57	18.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	10.4	10.95	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	331	683		*****	19	25.6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2927	****		****	257	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	70.4	70.4				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	406	318		****	23.3	31				
00530 1 0	PERMIT REQUIREMENT	500	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2016	1	04/30/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	51.85	****		****	457.17	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	.495	1.08				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	5.59	5.59				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	1.34	1.34				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	1.24	1.24				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	46.8	46.8				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	*****	****	.913	.913				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	/E OFFICER Certify und	er penalty of law that this of supervision in accordance	document and all attachm	ents were prepared un	der my				TEL	EPHONE	DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2016	1	04/30/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	3.2		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.194	.83		*****	.17	.25				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	88	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	92	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
r	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2016	Ī	05/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons ble for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

TYPED OR PRINTED

TELEPHONE

BATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

PARAMETER

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

ST. MARIES, ID 83861

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2016	Ì	05/31/2016

VALUE

DMR Mailing ZIP CODE: 83861

MINOR \$

NO

EX

(SUBR 01)

QUALITY OR CONCENTRATION

VALUE

VALUE

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or	der penalty of law that this supervision in accordance properly gather and evaluat	with a system designed to	assure that qualified					TELEP	PHONE	DATE
	person or p the informa accurate, ar	ersons who manage the systion, the information subm and complete. I am aware that	stem, or those persons dire nitted is, to the best of my at there are significant pen	ectly responsible for ga knowledge and belief, alties for submitting fa	athering true, SIGNA	TURE OF PRINCIPAL	EXECUTIVE OFFIC	ER OR			
TYPED OR PRINTED	information	n, including the possibility of	of fine and imprisonment f	or knowing violations.		AUTHORIZE	ED AGENT	†	AREA Code	NUMBER	MM/DD/YYYY

UNITS

QUANTITY OR LOADING

VALUE

VALUE

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2016	1	05/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
r	PERMIT NUMBER		DISCHARGE NUMBER
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External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	NODI C	NODI C	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0	PERMIT	500	751	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	supervision in accordance roperly gather and evaluate ersons who manage the sys	document and all attachme with a system designed to e the information submitte stem, or those persons dire itted is, to the best of my k	assure that qualified d. Based on my inqui ctly responsible for g	ry of the athering				TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

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Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	NAONUT C		IO DEDIOD
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2016]	06/30/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2016]	07/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	NODI C	NODI C	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)8/08/2016
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRII	NG PERIOD
	MONITO MM/DD/YYYY	RII]	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Wesley Rice the information, the information submitted is, to the best of my knowledge and belief, true, (208)245-2577)8/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2016	1	07/31/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)8/08/2016
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2016	1	08/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	NODI C	NODI C	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Wesley Rice/ OIT

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

)9/07/201

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PÜB ŴÔŔŔS DIR

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Wesley Rice/OIT

TYPED OR PRINTED

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
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	MM/DD/YYYY		MM/DD/YYYY
	08/01/2016	Ì	08/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

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External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Meer err	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24)9/07/2016	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	ING PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	09/01/2016	1	09/30/2016				

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577	0/13/2016
TYPED OR PRINTED	and mador, meading the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A					
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MONTE	JRIN	NG PERIOD					
	MM/DD/YYYY	אואכ]	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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ST. MARIES, ID 83861

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SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	09/01/2016	Ì	09/30/2016						

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDALL, PUB ŴÔŔŔS DIR

ID00	22799		001-A					
PERMIT	NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
MM/I	DD/YYYY		MM/DD/YYYY					
10/0	01/2016	l	10/31/2016					

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.74	12.1	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.28	6.43	****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	184.4	311.9	lb/d	*****	22	22	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2363.6	****	lb/d	*****	282	****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	6.68	****	6.88	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	0	0	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	41.9	70.89	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Do to the excessive rain fall for the months of September and October we were not able to land apply enough water to overcome the amount of rain we took on. Our ponds were getting to dangerous levels of overflowing. We had to start discharging a week early otherwise we would have overflow.

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accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Harry Grubham/ Mayor

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

1/10/201

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDALL, PUB ŴÔŔŔS DIR

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Solids, total suspended	SAMPLE MEASUREMENT	35982	****	lb/d	****	4293	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	3.11	3.11	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	0	0	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	*****	****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Harry Grubham/ Mayor

NUMBER

TELEPHONE

(208)245-2577

AREA Code

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

1/10/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

ID0022799	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
10/01/2016	10/31/2016						

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.794	2.584	MGD	****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.29	5.004	lb/d	*****	.154	.24	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	92	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

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Harry Grubham/ Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245-2577		1/10/2010
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2016]	11/30/2016

DMR Mailing ZIP CODE: 83861

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External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	9.96	12	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	6.54	7.15	****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	207.7	418.18	lb/d	****	12.4	18.3	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2177.89	****	lb/d	*****	187.33	****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.5	*****	7.36	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	75.7	75.7	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87.57	120.93	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
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	MM/DD/YYYY		MM/DD/YYYY
	11/01/2016	Ì	11/30/2016

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5686.62	****	lb/d	****	524.5	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	4.52	4.52	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	5.87	5.87	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	*****	****	*****	.372	.372	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	1.85	1.85	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	56	56	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	2.21	2.21	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Wesley Rice Wesley Rice/ WWTO1 the information, the information submitted is, to the best of my knowledge and belief, true, (208)245-2577 2/12/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Г	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2016	1	11/30/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.193	2.913	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.926	6.802	lb/d	*****	.16	.28	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	90	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Moor Willer	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24!	5-2577	2/12/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2016	Ì	12/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	4.41	6.2	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	8.31	8.37	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	36	lb/d	*****	5	6	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	655	*****	lb/d	*****	121	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
РН	SAMPLE MEASUREMENT	****	****	*****	6.61	*****	7.25	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	27	30	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEP	HONE	DATE
Wesley Rice/ WWTO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)1/10/201
TYPED OR PRINTED	into mator, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PÜB ŴÔŔŔS DIR

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN'	TITY OR LOADI	ING	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	767	****	lb/d	*****	142	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	4.9	7.25	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	8.71	8.71	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	*****	*****	.48	.48	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	1.7	1.7	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Wesley Rice/ WWTO

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

)1/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Г	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2016	1	12/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.648	.722	MGD	****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.26	lb/d	****	.102	.21	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Mes, Wille	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245-2577)1/10/201
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2017	Ī	01/31/2017

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.13	7	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	10.02	10.02	****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	141.04	137.71	lb/d	****	11.2	12.9	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1891.27	*****	lb/d	*****	249.2	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.69	*****	7.35	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	94.5	94.5	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	62.96	114.25	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

the CL2 water line that feeds the CL2 contact chamber broke under ground we found the break and fixed the line on 2-13-17 we found the leak after the ground started to thaw.

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

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FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

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	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2017]	01/31/2017

DMR Mailing ZIP CODE:

MINOR \$

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External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5025.16	****	lb/d	****	662.13	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	8.87	9.54	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	10.3	10.3	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	*****	****	*****	.467	.467	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	2.06	2.06	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	54.3	54.3	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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External Outfall

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		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	10	1600	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	2.08	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.89	1.06	lb/d	*****	.08	.12	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	92	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

the CL2 water line that feeds the CL2 contact chamber broke under ground we found the break and fixed the line on 2-13-17 we found the leak after the ground started to thaw.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2017]	02/28/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	7.74	10.5	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	3.37	3.73	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	230.2	461.7	lb/d	*****	13.8	17.3	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6076.5	****	lb/d	*****	268.17	****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	*****	****	6.5	****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87.7	141.4	lb/d	*****	5.3	6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEP	HONE	DATE
	Wesley Meer Wille	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)3/13/201
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Ecoli we took a hit. our CL2 feed line froze and broke. we fixed the line and is working now.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2017	1	02/28/2017

DMR Mailing ZIP CODE: 83861

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUAN [*]	TITY OR LOAD	ING	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	17718	****	lb/d	****	607	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	8.71	9.49	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	11.9	11.9	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	.05	.05	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	1.8	1.8	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	*****	****						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Ecoli we took a hit. our CL2 feed line froze and broke. we fixed the line and is working now.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Wesley Rice/ WWTO

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

)3/13/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2017	1	02/28/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	740.8	1600	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	3.2	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.69	5.07	lb/d	*****	.101	.29	mg/L	I	Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEPI	HONE	DATE
Wesley Rice/ WWTO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245-2577)3/13/201
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Ecoli we took a hit. our CL2 feed line froze and broke. we fixed the line and is working now.

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799	Γ	001-A
T	PERMIT NUMBER	Γ	DISCHARGE NUMBER
_			
	MONITO	<u>D</u> RI	NG PERIOD
	MONIT(MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	8.54	10.9	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	5.93	9.5	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	253.1	399.06	lb/d	*****	11.25	16.5	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3007.81	*****	lb/d	*****	71.05	****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.63	****	8.43	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	68.1	68.1	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	197.03	361.95	lb/d	*****	8.75	14	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Wesley Rice/ WWTO

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)245-2577

AREA Code

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)4/11/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PÜB ŴÔŔKS DIR

DMR Mailing ZIP CODE: 83861

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(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5000.05	*****	lb/d	*****	118.25	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	3.99	5.9	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	6.85	6.85	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	.399	.399	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	1.16	1.16	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	51.2	51.2	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.783	.783	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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	03/01/2017]	03/31/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	4.3	8	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.8	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.25	4.25	lb/d	*****	.1	.3	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	91	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MINIMUM	****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2017	1	04/30/2017

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	11.33	13.5	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	7.82	8.9	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	299.23	310.74	lb/d	*****	15.6	20.7	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1267.66	*****	lb/d	*****	138.18	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.82	****	9.75	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	68.1	68.1	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	268.54	698.05	lb/d	*****	14	27	mg/L		Weekly	COMP24
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Wesley Rice Wesley Rice/ WWTO the information, the information submitted is, to the best of my knowledge and belief, true, (208)245-2577)5/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I called in and reported the high pH levels they are back to normal now.Low BOD % were due to the extreme amount of water we received this fall and winter.

Form Approved
OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2017		04/30/2017

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SOBR OT

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	4061.78	*****	lb/d	*****	442.75	****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	.206	.459	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	1.79	1.79	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	.723	.723	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	.872	.872	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Meer WW16	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245	5-2577)5/10/201
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	5.65	4	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	3.9	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.49	5	lb/d	*****	.13	.3	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	76	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	*****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Meer WW16	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)5/10/201
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PÜB ŴÔŔKS DIR

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	18.41	22.11	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	3.13	4	****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	192.45	521.36	lb/d	*****	12.82	20.7	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1308.29	****	lb/d	*****	145.25	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.58	*****	8.36	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	40	40	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	75.06	125.93	lb/d	*****	< 5	< 5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qualther and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEP	HONE	DATE
Wesley Rice/ WWTO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)6/12/201
TYPED OR PRINTED	amornation, meading the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2017	1	05/31/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	1369.09	****	lb/d	*****	152	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	1.4	1.97	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	2.23	2.23	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	0	0	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	.684	.684	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	49.8	49.8	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Wesley Rice/ WWTO

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

)6/12/201

MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	05/01/2017]	05/31/2017							

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	< 2	< 2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	3.02	MGD	****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.05	1.51	lb/d	*****	.07	.13	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	85	****	****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Mes, Wille	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)6/12/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2017]	06/30/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

Wesley Rice

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Wesley Rice/ WWTO

TYPED OR PRINTED

NUMBER

(208)245-2577

AREA Code

)7/14/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

Γ	ID0022799	Г	001-A						
Γ	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MONITO	DRIN	NG PERIOD						
	MM/DD/YYYY	ORIN]	NG PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAM		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEP	HONE	DATE
	Wesley Rice/ WWTO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)7/14/201
	TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RĂNDÂLL, PUB ŴÔŔŔS DIR

ID0022799		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	IG PERIOD
	•	0.12.1.02
MM/DD/YYYY]	MM/DD/YYYY
06/01/2017	1	06/30/2017

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
Wesley Rice/ WWTO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245-2577)7/14/201
TYPED OR PRINTED	information, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDÂLL, PÜB ŴÔŔŔS DIR

Γ	ID0022799		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2017]	07/31/2017

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Wesley Rice	TELEPI	HONE	DATE
	Wesley Meer Wille	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245-2577)8/04/201
	TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) no discharge in the month of July. started land application the last week of July.

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHAÑÊ RANDALL, PUB ŴÔŔŔS DIR

ID0022799 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2017 07/01/2017

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				_
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Wesley Rice	TELEP	HONE	DATE
Wesley Meer WWYE	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)24	5-2577)8/04/201
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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	MM/DD/YYYY]	MM/DD/YYYY
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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
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Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Weekly	CALCTD

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)245	5-2577)8/04/201
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